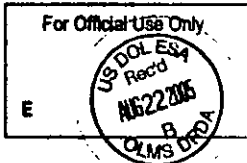


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



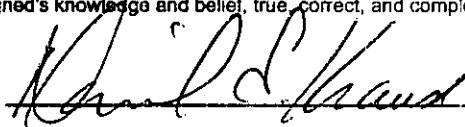
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12728"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="Daniel"/> <input type="text" value="E"/> <input type="text" value="Krause"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1965 Dixwell Avenue"/> City <input type="text" value="Hamden"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06514"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="International Union of Operating Engineers 478"/> Labor Organization File Number <input type="text" value="042-729"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1965 Dixwell Avenue"/> City <input type="text" value="Hamden"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06514"/>
5. Position in labor organization. <input type="text" value="Financial Secretary"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text" value="8/12/2005"/>	<input type="text" value="203-288-9261"/>
	Date	Telephone Number

Name of Person Filing Daniel Krause

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

9. Business deals with:☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut

ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478.

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

Reimbursement of continuing education expenses incurred in accordance with the employment agreement.

12.b. Amount.

\$2,250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name Loomis Sayles & Company, L.P.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Financial Center

City Boston

State Massachusetts

ZIP Code + 4 02111

14.a. Nature of payment.

Loomis Sayles & Company, L.P. was an investment manager seeking to manage assets of the I.U.O.E. Local 478 Pension Fund. This manager was hired in 2005.

13.b. Is the Business an Employer ☐or Consultant ☒ ?**14.b. Amount of payment.**

\$28

Name of Person Filing Daniel Krause

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

9. Business deals with:☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

Business lunch attended

12.b. Amount.

\$32

Name of Person Filing Daniel Krause

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

9. Business deals with:☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut

ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

Meal costs incurred while attending 2004 Board of Trustees Meetings

12.b. Amount.

\$462

Name of Person Filing Daniel Krause

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Salary

12.b. Amount.

\$116,867

Name of Person Filing Daniel Krause

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bank of America (Formerly Fleet Bank)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Federal Street, 21st Floor

City Boston

State Massachusetts

ZIP Code + 4 02110

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

11.a. Nature of such dealing.

Bank of America provides various banking and investment services to the I.U.O.E. Local 478 Health Fund.

**See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2 tickets to baseball game

12.b. Amount.

\$400

Name of Person Filing Daniel Krause

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal Advisors Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Park Avenue

City New York

State New York ZIP Code + 4 10016

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

11.a. Nature of such dealing.

The Segal Advisors provides investment advisory services and consulting services to the I.U.O.E Local 478 Health Fund.

** See Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Four business meals

12.b. Amount.

\$215

Name of Person Filing Daniel Krause

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schultheis & Panettieri, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 210 Marcus Boulevard

City Hauppauge

State New York ZIP Code + 4 11788-3701

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

11.a. Nature of such dealing.

Schultheis & Panettieri, LLP provides the Fund with audit and consulting services

11.b. Approximate dollar value of such dealing.

\$62,982

12.a. Nature of interest held or income received.

Business lunch attended

12.b. Amount.

\$28